Name in Full: George H Armstrong

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Van Bibber — County: Harford

Date of death 1904 — Month: 12 — Day: 4 — Age — Years: 40 — Months: — Days: —

Sex: Male — Color or Race: Col — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Armstrong — Father's Birthplace: Maryland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Isreal Armstrong — How related to deceased: his mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Unknown — How long: All his life

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H K McComas

Address: Aberdeen Md

Accident or Suicide?

Undertaker

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Elizabeth Allen Brown

Town: Georgetown County: Harford State: Maryland

Died at Georgetown MARYLAND

Date 1904 December Month 19 Day | Age Y. 7 M. months D. | Native of Md. | Occupation ✗

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of / Wife

Father's Name Henry J Brown

Mother's Maiden Name Rosa E. Bodaley

Cause of Death: Primary Pneumonia — How long sick 25 days

Immediate Convulsions — Accident, ~~Suicide, Homicide~~

Reported by Charles Bagley M.D.

Address Bagley, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Mary Ethel Collins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Thomas Run — County: Harford

Date of death 1904: Month: Dec. — Dey: 14 — Years: Age 12 — Months: 8 — Days: 14

Sex: Female — Color or Race: Black — Birth-place: Maryland

Married, Single or Widowed: Single — Occupation:

Neme of Wife or Husband:

Fether's Neme: Leander Collins — Fether's Birthplace: Maryland.

Mother's Maiden Name: Jennie Coyd — Mother's Birthplace: Harford Co.

Name of person giving In formation: Leander Collins — How releted to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long: 2 weeks.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signeture of Physician: F. Lee Hughes.

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Lun on Jos Buckham
Leander Cochran

Charles Chapel

Name in Full: Irene Cox

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 190 4 — Month: Dec. — Day: 4. — Age — Years: 78 — Months: 11 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Maine

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Elisha Cox

Father's Name: William Harding — Father's Birthplace: Maine

Mother's Maiden Name: Magie — Mother's Birthplace: "

Name of person giving In formation: Herbert Cox — How related to deceased: Adpd son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Trouble — How long: Two years

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: R. H. Smith M.D.

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Mary Curtis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bagley — County: Harford

Date of death 1904: Month: Dec — Day: 27 — Years: Age 69 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation: Home wife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Geo G Curtis

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of Brain — How long: 5 days

Immediate: Failure of Vital centers — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M H Reynolds M.D.

Address: Fallston Md.

Accident or Suicide? — No —

LIBRARY BUREAU A88516

Name in Full Dollie A Leutcher

Certificate of Death

Town Aberdeen County Harford

Died at Aberdeen MARYLAND

Date 1914 Month Day 2 | Age Y. 23 M. D. | Native of Baltimore | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Joseph Fleutcher

Mother's Name Amelia Leutcher

Cause of Death: Primary

Immediate

How long sick 5 months

Accident, Suicide, Homicide

Reported by Ida A Boylen

Address Aberdeen A R Fleutcher

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Dunnigan

CERTIFICATE OF DEATH

MARYLAND

Died at: Ady — Town: [illegible] — County: Harford

Date of death: Month Dec — Day 12 — Year 190[illegible] — Age: Years 8 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Stone Mason — Where Residing if not at place of death:

Married, Single or Widowed — Name or Wife or Husband: Ann Clark

Father's Name: P Dunnigan — Father's Birthplace: Ireland

Mother's Maiden Name: Ann Farrell — Mother's Birthplace: Ireland

Name of person giving information: James Dunnigan — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria — How long: [illegible] & Days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr H Arthur

Address: Street Md

Accident or Suicide?

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LIBRARY BUREAU A88218

Name in Full: Frederick Forwood

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hickory — County: Harford

Date of death 1904 — Month: 12 — Day: 23 — Age — Years: 5 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Hickory, Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Benjamin Forwood — Father's Birthplace: Harford Co

Mother's Maiden Name: Jennie Martin — Mother's Birthplace: " "

Name of person giving information: Benj Forwood — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rickets — How long: 3 Years

Immediate: Pernicious Anaemia — How long: 6 Mo.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Smithson

Address: Forest Hill Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel H Gaudle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shawsville — County: Harford Co

Date of death 1904: Month: Dec — Day: 25 — Age: Years: 49 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Shawsville

Married, Single or Widowed: Married — Occupation

Name of Wife or Husband: Sarah Anne Gaudle

Father's Name: Samuel H Gaudle — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formetion: Allen Wallenger — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia Consumptive — How long

Immediate: Pneumonia Consumptive — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. L. L. Lynch

Address: Black Horse Harford Co Md

Accident or Suicide?

LIBRARY BUREAU A65318

Name in Full: Abigail Hall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) New Hallston (County) Harford

Date of death: Month Dec. Day 11 1904 Age Years 96 Months 10 Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: Black Birthplace:

Occupation: House Wife Where Residing if not at place of death:

~~Married, Single~~ Widowed Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: Berryman Hall How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Old Age How long: 3 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None

Address: Chas. E. Bomberger

Accident or Suicide? Reason Md. Undertaker

LIBRARY BUREAU A88516

Name in Full: Ellen B. Hazlett

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Forest Hill — County: Harford

Date of death: Month: 1904 — Day: 12th — Years: 23 — Age: 91 — Months: Nine — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: House Wife — Where Residing If not at place of death: Forest Hill

Married, Single or Widowed: Widow — Name of Wife or Husband: James Hazlett

Father's Name: James Tate — Father's Birthplace: Md.

Mother's Maiden Name: Eelizabeth Jones — Mother's Birthplace: Pa.

Name of person giving Imformation: Mrs Margaret Campbell — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: [illegible] — How long: 3 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Davis M. D.

Address: Pleasantville Md.

Per H. L. Walker

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph H. Herman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whiteford — County: Harford

Date of death: Month: 12 — Day: 27 — 1904

Age: Years: — Months: 13 — Days:

Sex: Male. — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

~~Married~~ Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos. Herman — Father's Birthplace: Md.

Mother's Maiden Name: Sallie Herman — Mother's Birthplace: Md.

Name of person giving Imformation: Thos. Herman — How related to deceased: Father

CAUSES OF DEATH

Primary: Pneumonia — How long: 6 Days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. E. Sawin. Ramsay M.D.

Address: Delta. Pa.

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Dec 29-04
Slate Ridge

Name in Full: Lewis Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Havre de Grace — County: Harford

Date of death: Month: 12 — Day: 14 — 1904

Age — Years: 69 — Months — Days

Sex: Male

Color or Race: Black

Birthplace: Harford Co.

Occupation: Labor

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James Hill

Father's Birthplace: Harford Co.

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: James Hill Jr

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: —

Immediate: Found dead in bed — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. H. Tabeling Brown

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Poole — County: Harford

Date of death: 1904 — Month: Dec — Day: 16 — Age: Years: 15 — Months: — Days:

Sex: male — Color or Race: White — Birthplace: Maryland

Occupation: Schoolboy — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Joseph Jones — Father's Birthplace: Maryland

Mother's Maiden Name: Smith — Mother's Birthplace: Maryland

Name of person giving information: Edward Backbone — How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Do not know (Cold)~~ Cold & whooping Cough — How long: one year

Immediate: Phthisis — How long: two years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Cole

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full Gertrude Litchfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Van Bibber — County: Harford

Date of death 1904 — Month: Dec. — Day: 2nd — Age — Years: 32 — Months: 9 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Philadelphia

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Geo. W. Litchfield — Father's Birthplace: Howard Co.

Mother's Maiden Name: Lizzie A. Parker — Mother's Birthplace: Philadelphia

Name of person giving information: Geo. W. Litchfield — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 1 year

Immediate: Bright's Disease — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Chas. Flint

Address: Edgewood Md

Accident or Suicide?

LIBRARY BUREAU A38518

Name in Full

Infant

Certificate of Death

Died at Town: Whiteford County: Harford MARYLAND

Date 1904 Month: 12 Day: 2

Age Y. M. D.: — — 5-

Native of: Maryland

Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of Wife —

Father's Name: Wm. C. Lloyd

Mother's Name: Agnes (Austin) Lloyd

Cause of Death: Primary: Spina Bifida

Immediate: Convulsions

How long sick: 5 days

Accident, Suicide, Homicide

Reported by: Wm. C. Lloyd M.D.

Address: Della Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Jeremiah F. Macemore

Died at Town: Milton County: Anne Arundel MARYLAND

Date 1904 Month: Dec Day: 3 | Age Y. 44 M. 8 D. — | Native of Penna | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 7

Husband of Wife Mary E. Macemore

Father's Name

Mother's Maiden Name

Cause of Death: Primary Pneumonia 93 — How long sick 1 week

Immediate Kidney Trouble — ~~Accident, Suicide, Homicide~~

Reported by A. A. Keyser M.D.

Address Brooklandville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78999

Name in Full: John A Monk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mechanicsville County: Hafford

Date of death 1907: Month: 4/12 Day: 6 Age: Years: 59 Months: Days:

Sex: Male Color or Race: Colored Birthplace: Hafford Co

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband: Sydney Monk

Father's Name: Jacob Monk Father's Birthplace: Hafford

Mother's Maiden Name: Maria Fleetwood Mother's Birthplace:

Name of person giving Imformation: James H. Monk How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sclerosis of Liver How long: 1 yr.

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Elliott

Address: Perryman

Accident or Suicide?

LIBRARY BUREAU A69518

Name in Full: Samuel Moore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 190 — Month: Dec. — Day: 2 — Years: Age 59 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Cecil Co.

Occupation: Fisherman — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Sarah Marr

Father's Name: James Moore — Father's Birthplace: Cecil Co.

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: William Moore — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: 4 hours

Immediate: Apoplexy — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lee Hopkins

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A86618

Name in Full James Peco

Certificate of Death

Town: Abingdon — County: Harford — — MARYLAND

Died at

Date 1904 Dec 18 | Age 62 | Native of | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living One

Husband / Wife of Maria

Father's Name Jim Peco 64 | Mother's Name ?

Cause of Death — Primary: Cerebral Hemorrhage | How long sick 2 weeks

Immediate: Paresis | ~~Accident, Suicide, Homicide~~

Reported by Dr. O'Sullivan

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 668

Name in Full: Martha J. Pierce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardiff County: Harford.

Date of death: Month: 12 Day: 11 Years: 74 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Pa.

Occupation: — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Wesley. Father's Birthplace: Pa

Mother's Maiden Name: Kate Pudgley Mother's Birthplace: Pa

Name of person giving Imformation: Bell Corbett. How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy How long: 1 year

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. McLindy.

Address: Cardiff, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Dec 14-04
Slateridge

Name in Full: Charles W. Proctor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bel Air — County: Harford

Date of death 1904 — Month: Dec. — Day: 30th

Age — Years: 60 — Months: 10 — Days:

Sex: Male

Color or Race: White

Birthplace: Emmorton, Md

Married, Single or Widowed: Married

Occupation: Clerk

Name of Wife or Husband: S. E. Proctor

Father's Name: Isreal D Proctor

Father's Birthplace: Md

Mother's Maiden Name: Catharine Traverse

Mother's Birthplace: Md.

Name of person giving In formation: Burton Proctor

How related to deceased: Son

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease

How long: 2 years

Immediate: Heart failure

How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Stuart Robertson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A28616

Name in Full: Annie L Rampley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Harford

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Dec	11	Age 34	7	25

Sex: Female — Color or Race: White — Birthplace: Harford Co

Occupation: — Where Residing if not at place of death: Residing at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Annie L Rampley.

Father's Name: James Bevard — Father's Birthplace: Harford Co

Mother's Maiden Name: Jamima Street — Mother's Birthplace: Harford Co

Name of person giving In formation: Robert A Rampley. — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth — How long: 22 hours

Immediate: Heart Failure — How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Martin L Jarrett

Address: Jarrettsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Unnamed Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Jarrettsville; County: Harford

Date of death: Month: Dec; Day: 11; 1904

Age: Years: —; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Harford Co Md

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert N Rampley; Father's Birthplace: Harford Co

Mother's Maiden Name: Annie L Rivard; Mother's Birthplace: "

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead born S.; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: E G Kurtz Undertaker

Address: Jarrettsville Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full

Certificate of Death

Mary Virginia Raymond

Died at Aberdeen (Town) Harford (County) MARYLAND

Date 1904 Month 12 Day 3 | Age Y. 54 M. D. | Native of Harford | Occupetion

~~Male~~ Femele | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Henry A Raymond

Father's Name Benedict Aston | Mother's Maiden Name Jane Poole

Cause of Deeth: Primary

Immediate Consumption 2y

How long sick 2 months

Accident, Suicide, Homicide

Reported by Jane Alvin Penn

Address Aberdeen

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister. A R Fletcher

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Henry Richardson

Died Near Town Havre de Grace County Harford MARYLAND

Month Dec Occupation

Date 1914 Dec 20

Male White

Female Colored Number of children living 8

Husband of

Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Pulmonary Consumption How long sick Some 7 months

Immediate Accident, Suicide, Homicide

Reported by A C Crothers

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 788-8

Name in Full **Maria Richter** Certificate of Death

Died at Town **Abingdon** County **Harford** MARYLAND

Date 1904 Month **December** Day **10** Age Y **58** M. D. Native of **Bohemia** Occupation **Housewife**

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living **1**

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary **Natural Causes** How long sick **179**

Immediate **Induced by age & ulceration of the legs**

Accident, ~~Suicide, Homicide~~

Reported by **T. F. W. Opperman**

Address **Abingdon.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full: Edward Roach

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pleasantville — County: Harford

Date of death: Month: Dec. — Day: 31 — 1904 — Age: Years: 60 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: Pleasantville

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Mary Roach

Father's Name: Andrew Roach — Father's Birthplace: Ireland

Mother's Maiden Name: Not known — Mother's Birthplace: Not known

Name of person giving Imformation: Mary Roach — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Six days

Immediate: " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green.

Address: Gittings. Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A83516

Name in Full: Swann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Jarrettsville (County): Harford

Date of death 1904 (Month): December (Day): third

Age — Years: — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Jarrettsville

Occupation: ✓

Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓

Name of Wife or Husband: ✓

Father's Name: Alexander Swann

Father's Birthplace: Harford Co

Mother's Maiden Name: Virginia Emmerson

Mother's Birthplace: Harford Co

Name of person giving Imformation: Maria Rainbow

How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~

How long

Immediate: Dead at birth

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oscar W McAllister M D

Address: Jarrettsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret Ann Townsley

CERTIFICATE OF DEATH

Died at — Town: — County: — MARYLAND

Date of death 1904 — Month: 12 — Day: 23 — Age: Years 75 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Samuel A. Townsley

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mrs. Counselor — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Anaemia 54 — How long: One year

Immediate: Exhaustion and Dropsy — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Counselor

Address: Forest Hill Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Lizzie Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forest Hill — County: Harford

Date of death 1904: Month: Dec — Day: Thursday — Age: Years: 32 — Months: One — Days: Twenty

Sex — Color or Race: Colored — Birthplace: Forest Hill

Married, Single or Widowed: Married — Occupation

Name of Wife or Husband: George Turner Lizzie Turner

Father's Name: Jacob Green — Father's Birthplace

Mother's Maiden Name: Mary Green Lizzie Green — Mother's Birthplace

Name of person giving information: Geo Turner — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: About 2 years.

Immediate: Exhaustion — How long: a week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. F. Vaux Gibbs

Address: Bel Air Md.

Accident or Suicide? No.

LIBRARY BUREAU A86618

Name in Full

Isaac Warfield

Certificate of Death

Died at Town: Earleton County: Harford MARYLAND

Date 1904 Month 12 Day 19 | Age Y. M. D. | Native of Md | Occupation Laborer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living 2

Husband / Wife of Eliza Warfield

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Nephritis — How long sick 6 or 8 mo

Immediate: Heart complication

Accident, Suicide, Homicide

Reported by J. L. Hopkins

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Isaac Warfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Carlton; County: Harford

Date of death: Month: 12; Day: 19; 1904

Age: Years: ; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife ~~or Husband~~: Eliza Warfield

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 6 or 8 months

Immediate: Heart complecation — How long:

Are the name, age, sex, color, date and place correctly given above?

Signed by Dr. J. L. Hopkins

Signature of Physician: J. L. Hopkins

Address: Havre de Grace Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Jas. A. Wiley

Died at Town Norwich County Hanford MARYLAND

Date 1904 Month Dec. Day 26 | Age Y. 62 M. 9. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Willa Dunlap

Father's Name Joseph Wiley | Mother's Maiden Name Mary Amoss

Cause of Death: Primary Chronic Interstitial Nephritis — How long sick

Immediate Uraemia 120 — Accident, Suicide, ~~Homicide~~

Reported by James S. Akehurst M.D.

Address Norwich Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Amos Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharon; County: Harford

Date of death: Month: December; Day: 10; 1904

Age: Years: 74; Months: 2; Days: 5

Sex: Male

Color or Race: White

Birthplace: Baltimore County

Occupation: Farming

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Ruth Strut Wilson

Father's Name: William Wilson

Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Amos

Mother's Birthplace: Maryland

Name of person giving information: Margaret Johnson

How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease

How long: Suddenly

Immediate: "

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Wilson

Address: Forest Hill Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516